



# **RITTMAN ACADEMY**

Heritage Hall  
100 Saurer Street  
Rittman, OH 44270

## **Student Registration Packet**

For a complete listing of all Rittman Academy related information, please go to the website at:

[www.RittmanAcademy.org](http://www.RittmanAcademy.org)

Rittman Academy is a community school established under Chapter 3314 of the Ohio Revised Code. The school is a public school and students enrolled in and attending the school are required to take the proficiency tests and other examinations prescribed by law. In addition, there may be other requirements for students at the school that are prescribed by law. Students who have been excused from the compulsory attendance law for the purpose of home education as defined by the Administrative Code shall no longer be excused for that purpose upon their enrollment in a community school. For more information about this matter, contact the school administration or the Ohio Department of Education.

### **Key Contact Information:**

Jacqueline Flaker, Director  
[jaflaker@mail.rittman.k12.oh.us](mailto:jaflaker@mail.rittman.k12.oh.us)

330-927-7162 (office)

Leesha Timura, Student Support Coordinator  
[letimura@mail.rittman.k12.oh.us](mailto:letimura@mail.rittman.k12.oh.us)

330-927-7162 (office)

## Rittman Academy Enrollment Documents

Welcome to Rittman Academy. Please complete the following documents for registration.

- New Student Registration Form
- Student/Parent Contact Sheet
- Consent for Records Release
- Emergency Medical Authorization Form
- School District Language Survey
- Student/Parent Handbook Agreement
- Laptop Contract
- Photo/Media Release Form
- Student Success Plan Signature Page
- Free and Reduced Lunch Form
- Ana-Zao Community Partners Intake Paperwork
- Internet & Technology Acceptable Use
- Student Flex Form

In addition to the forms listed above, the following documentation is required prior to the student's start date.

- Copy of the student's birth certificate\*
- Copy of the student's social security card\*
- Health/Immunization and shot records\*
- Custody paper – (if applicable)\*
- Foster child documentation – (if applicable)\*
- Copy of student's IEP or 504 Plan (if applicable)\*
- Proof of Residency (of the custodial parent)
  - ❖ The most common way to provide proof of residency is to provide a copy of a utility bill, cell phone bill, rental/lease agreement, mortgage coupon, or a homeowner's insurance policy.

\*These documents are typically obtained through the records release form that is sent to the student's previously attended school.

updated 5.18.2026



**BITTMAN  
ACADEMY**

**Student Registration Form**

**Student Information**

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ zip code \_\_\_\_\_

Student phone number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Previous school attended \_\_\_\_\_

Food allergies \_\_\_\_\_

Ethnicity (please circle one): Black; Hispanic/Latino; Pacific Islander; Asian; Mixed race; White, non-Hispanic

**Parent/Guardian Information**

Name(s) of legal guardian(s) \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Parent/Guardian phone numbers \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
date



## Student Contact Sheet

Student Name: \_\_\_\_\_

Student Address: \_\_\_\_\_

City, Zip: \_\_\_\_\_

Student Cell Phone Number: \_\_\_\_\_

Student email: \_\_\_\_\_

### Primary Parent/Guardian Contact

Parent/Guardian Name: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

\_\_\_\_\_

Secondary parent/Guardian Name: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_



## Consent for Records Release

TO: \_\_\_\_\_

Previous School

RE: \_\_\_\_\_

(Student's Full Name)

\_\_\_\_\_

Address of previous school

\_\_\_\_\_

age

\_\_\_\_\_

date of birth

\_\_\_\_\_

City, state and zip code

\_\_\_\_\_

grade

Please fax records to:

Fax – 330-927-7405

Rittman Academy  
Heritage Hall  
100 Saurer St.  
Rittman, OH 44270

If you have questions, please call the Rittman Academy Director at 330-927-7162. We are requesting the following information/records for the above-named student:

\_\_\_\_\_ SSID #

\_\_\_\_\_ All school records

\_\_\_\_\_ Current IEP, ETR, 504 Plan, MFE/psychological reports, IAT/intervention (if applicable)

With the understanding that the district cannot assume responsibility for the confidentiality of education information disclosed, I authorize you to release the student information indicated above.

\_\_\_\_\_

Signature of parent/guardian

\_\_\_\_\_

date

\_\_\_\_\_

address

zip code

\_\_\_\_\_

city, state,



# EMERGENCY MEDICAL AUTHORIZATION FORM

Student Name \_\_\_\_\_

Home Address \_\_\_\_\_

City, State & Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade \_\_\_\_\_

**RESIDENTIAL PARENT/GUARDIAN INFORMATION** (The purpose of this information is to enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.)

Mother \_\_\_\_\_ Daytime phone \_\_\_\_\_

Father \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Secondary Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Primary Care Physician \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

## TO GRANT CONSENT

In the event reasonable attempts to contact me or the other parent or guardian have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the listed doctor, dentist, or medical professionals, or, in the event the designated preferred practitioner is not available, by a licensed physician or dentist; and (2) the transfer of the child to the above hospital or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Impairments to which a physician should be alerted to are:

\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

## REFUSAL TO GRANT CONSENT

I DO NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent/Guardian



## School District Language Survey

This information is required by Federal law under Title VI. This form must be completed for all students at the time of enrollment.

Student Name \_\_\_\_\_

Date \_\_\_\_\_

School District – Rittman Academy

School Building – Rittman Academy - Heritage Hall. 100 Saurer St. Rittman, OH 44270

1. What language did your son/daughter speak when he/she first learned to talk?

English

Other \_\_\_\_\_

2. What language does your son/daughter use most frequently at home?

English

Other \_\_\_\_\_

3. What language do you use most often with your son/daughter?

English

Other \_\_\_\_\_

4. What language do the adults at home most often speak?

English

Other \_\_\_\_\_



## Rittman Academy

### Student/Parent Handbook Agreement

A digital copy is located on the school website and additional hard copies are available upon request.

(Please Print) Name of Student \_\_\_\_\_

I have read and reviewed the contents of the Student/Parent Handbook and understand that the policies and procedures set forth were created for the benefit of educational success.

By signing below, I hereby acknowledge that I have received and/or read a copy of the Rittman Academy Student/parent Handbook. I am responsible for knowing and following all procedures and regulations outlined in the handbook.

By signing below, I acknowledge that I have specifically reviewed the code of conduct, cell phone policy, technology use agreement, and attendance policy, and I willingly commit to adhering to the procedures and guideline as stated.

If you have any questions, please contact the Rittman Academy Director for clarification.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Student \_\_\_\_\_ Date \_\_\_\_\_



# Rittman Academy Laptop Contract

(If you would like to borrow a laptop for at-home use)

- Rittman Academy will loan chrome books to students to do school work at home.
- There is no cost to borrow a chrome book. However, students must adhere to the following acceptable use policy:
  - The computer may be used for educational purposes and school work only. Use of the computer for other reasons may result in the loss of privileges.
  - Unethical use of the internet, e-mail, or any other media is prohibited. Violation of the policy may result in disciplinary action.
  - The configuration of the hardware and all accompanying software may not be altered.
- The student is responsible for any damage related costs due to purposeful action or negligence.
- The computer will be returned at the end of the school year, or if the student withdraws from the school, or if the student is not using the computer at home for extended periods of time.
- The cost to the student for a laptop that is lost, damaged, stolen, or not returned is \$325.00.
  - Failure to return a computer or pay the fee could result in the holding of school record or diploma.

**Student Name** \_\_\_\_\_  
(Please Print)

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_





# **RITTMAN ACADEMY**

## Photo and Media Release Form

As the parent/guardian of this student, I hereby consent to the use of photographs/video taken during the course of the school year, for publicity, promotional and/or educational purposes (including publications, presentations or broadcasts via newspaper, internet or other media sources. I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

\_\_\_\_\_ Yes, I grant consent for Rittman Academy to publish photos and/or media of my student for school purposes.

\_\_\_\_\_ No, I do not grant consent to Rittman Academy to publish photos and/or media of my student for any reason whatsoever.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# Rittman Academy Student Success Plan



The Student Success Plan is a student-focused process that addresses academic and career goals and resources of individual students to assist in planning and preparing for their post-high school future. The Plan is designed to be a living document that is modified or adjusted quarterly as the student transitions through high school and considers post-high school opportunities. Plans are unique to the student and requires collaboration that includes student, parent/guardian and school guidance staff.

The Student Success Plan should include supports and counseling that meets the current needs of the student as well as prepares the student for post-high school transition. In addition, the plan must include the following items:

- tools and activities for career development such as OhioMeansJobs;
- coursework and, if applicable, work-based learning;
- tutoring or additional supports; and,
- any specific graduation requirements of the school.

To ensure a successful high-school to post-high school transition, school guidance teams should plan quarterly check-ins with their students.

**If your career goals have changed since your last meeting, please attach a new cover sheet to this career organizer.**

Approval of Student Success Plan

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Student Signature

Date

---

Parent/Guardian Signature

Date

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Teacher/Counselor Signature

Date



## Opt-Out of Instructional Material that Includes Sexuality Content

I acknowledge that I have been provided an opportunity to review any instructional material that includes sexuality content, as defined below, and I request that my child be **excused** from instruction that includes sexuality content and permitted to participate in an alternative assignment.

“Sexuality content” means any oral or written instruction, presentation, image, or description of sexual concepts or gender ideology provided in a classroom setting. “Sexuality content” does not include instruction or presentation in sexually transmitted infection education, child sexual abuse prevention, and sexual violence prevention education or instruction, or presentation emphasizing abstinence, as required by Ohio law. Also, “sexuality content” does not include incidental references to sexual concepts or gender ideology occurring outside of formal instruction or presentations on such topics, including references made during class participation and in schoolwork.

Sexuality content must be age-appropriate and developmentally appropriate for the age of the student receiving the instruction, regardless of the age or grade level of the student. "Age-appropriate" and "developmentally appropriate" content refers to activities or items that are generally accepted as suitable for children of the same chronological age or level of maturity or that are determined to be developmentally appropriate for a child, based on the development of cognitive, emotional, physical, and behavioral capacities that are typical for an age or age group.

(a signature is only necessary if you would like your child to be **excused** from instruction that includes sexuality content and permitted to participate in an alternative assignment.)

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Student name

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Parent signature

Date

# Rittman Academy Free & Reduced Lunch Form (PLEASE RETURN THIS PAGE)

## Part 1. ALL HOUSEHOLD MEMBERS

Names of all household members (First, Middle Initial, Last)	Name of school and grade level for each child or indicate "NA" if child is not in school.  School _____ Grade _____	Check if a foster child (legal responsibility of welfare agency or court) *If all children listed below are foster children skip to Part 5 to sign this form.	Check if No Income
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

**Part 2. BENEFITS:** If any member of your household receives Supplemental Nutrition Assistance Program (SNAP) or Ohio Works First (OWF) benefits, provide the name and 7-digit case number for the person who receives benefits and skip to Part 5. If no one receives these benefits, skip to Part 3.  
NAME: \_\_\_\_\_ 7-DIGIT CASE NUMBER \_\_\_\_\_

**Part 3.** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and contact Dr. Shawna DeVoe at roc\_devoe@tccsa.net or 330-927-7460.  
Homeless  Migrant  Runaway

**Part 4. TOTAL HOUSEHOLD GROSS INCOME (before deductions).** List all income on the same line as the person who receives it. Check the box for how often it is received. Record each income only once.

1. NAME (List all household members with income) <i>(Example) Jane Smith</i>	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED															
	Earnings from work before deductions	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Welfare child support, alimony	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Pensions, retirement, Social Security, SSI, VA benefits	Weekly	Every 2 Weeks	Twice Monthly	Monthly	All Other income (indicate frequency, such as "weekly" "monthly" "quarterly" "annually")
<i>(Example) Jane Smith</i>	\$700	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$150	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$50.00 quarterly
\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ / _____
\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ / _____
\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ / _____
\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ / _____
\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ / _____

**Part 5. SCHOOL INSTRUCTIONAL FEE WAIVER ADULT CONSENT:** Your child(ren) may qualify for a waiver of their school instructional fees. Your permission is required to share your meal application information with school officials to determine if your child(ren) qualifies for a fee waiver. Answering this question will not change whether your children will receive free or reduced-price meals.

Please check a box:  Yes, I agree to have my meal application used to determine if my child(ren) qualifies for a fee waiver.  
 No, I do not agree to have my meal application used to determine if my child(ren) qualifies for a fee waiver

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## Part 6. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page)  
 I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will receive federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that deliberate misrepresentation of the information may cause my children to lose meal benefits and I may be subject to prosecution under state and federal statutes.

Sign here X \_\_\_\_\_ Print name: \_\_\_\_\_ Date \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Last four digits of your Social Security Number: \_\_\_\_\_  I do not have a Social Security Number

## Part 7. Children's ethnic and racial identities: We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

Choose one ethnicity:  
 Hispanic/Latino  Not Hispanic/Latino

Choose one or more (regardless of ethnicity):  
 Asian  American Indian or Alaska Native  Black or African American  
 White  Native Hawaiian or other Pacific Islander

**Do not complete this section. Intended for school use only.**

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: \_\_\_\_\_ Per:  Week,  Every 2 Weeks,  Twice per Month,  Month,  Year Household size \_\_\_\_\_

Categorical Eligibility: Date Withdrawn: \_\_\_\_\_ Eligibility: Free \_\_\_ Reduced \_\_\_ Denied \_\_\_ Reason \_\_\_\_\_

Determining/Approval Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Follow-up Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If selected for Verification, Date Verification Notice Sent: \_\_\_\_\_ Response Date: \_\_\_\_\_ 2<sup>nd</sup> Notice Sent: \_\_\_\_\_ Results Sent: \_\_\_\_\_

Verification Result: No Change \_\_\_ Free to Reduced Price \_\_\_ Free to Paid \_\_\_ Reduced Price to Free \_\_\_ Reduced Price to Paid \_\_\_

### **Internet & Technology Acceptable Use**

*Please read carefully before signing. In order to access and use the Technology, the network, and internet, students and staff must read this policy and submit a signed agreement form.*

The School's Governing Authority realizes that the internet and technology can greatly supplement the School's educational mission. With these opportunities come challenges to use technology in a safe and educational manner. This policy has been adopted to ensure students and staff properly use the School's Technology.

All Technology must be used responsibly, ethically, and legally. Users that do not adhere to these rules—and the guidelines elaborating these rules—will have their technology and internet use privileges removed and will be subject to disciplinary action.

This policy extends beyond the School's grounds. This policy also applies when a user's Technology use disrupts or interferes with the School, regardless of where or when the violation takes place. Users may be at home or elsewhere and still be subject to this policy.

The term "Technology" includes, but is not limited to, computers, tablets, mobile electronic devices, printers, routers, other hardware, software, internet, intranet, network, electronic mail, cellular phones, augmented reality glasses/ devices, iPOD/MP3/DVD/CD players, video recorders, data devices, video games, beepers, pagers, radios, and all other similar devices.

"Users" is defined to include any student, faculty, or staff member using the School's Technology.

#### **Technology Use Guidelines**

Unacceptable uses include, but are not limited to, the following:

- Violating Ohio and Federal law regarding:
  - students' and employees privacy rights,
  - copyright laws and all licensing agreements,
  - illegal downloading; installing; or accessing internet files; software, shareware; and freeware, and
  - all other applicable laws.
- Engaging in cyber-bullying.
- Using/accessing profane, obscene, pornographic, threatening or otherwise inappropriate language/materials which may be offensive or intended to harass/bully other users.
- Using technology for the following purposes: illegal activity, activity inconsistent with the School's mission, and activity prohibited by the School's policy manual.
- Gaining unauthorized access, "hacking," or attempting to gain unauthorized access.
- Sending or forwarding "spam" to a large group of users.
- Damaging or attempting to damage technology. Damaging includes, but is not limited to, physically damaging hardware, damaging or negatively affecting software, changing the settings without authorization, or disrupting the network.

- Using the School's technology for personal gain or profit.
- Sharing passwords or logging in to any system with credential other than one's own.

Use of Technology should conform to the following:

- Technology use is limited to educational purposes.
- Users shall use technology efficiently and courteously.
- Users shall exercise common sense and good judgment of what is permitted in a school environment.

If a user is unsure if his/her technology use conforms to these guidelines, the user shall ask the instructor before continuing with such use. If the user inadvertently violates the above guidelines, he/she should report it to the instructor immediately.

### **Use of Artificial Intelligence / Natural Language Processing Tools For School Work**

The use of Artificial Intelligence (AI) and Natural Language Processing (NLP) tools (collectively, "AI/NLP tools"), without the permission of an instructor, is strictly prohibited for the completion of school work. If students receive permission from their instructor to use AI/NLP tools in school and for the completion of assignments, such tools shall be used in an ethical manner. Some examples of situations in which instructors have discretion to authorize students to use AI/NLP tools are for research assistance, data analysis, language translation, writing assistance and accessibility.

Accordingly, AI/NLP tools can be effectively used as a supplement to, not a replacement for, traditional learning methods. With prior permission, students can use said resources. If a student has any questions about whether they are permitted to use AI/NLP tools for a specific class assignment, they should ask their instructor.

Unauthorized use of AI/NLP tools is considered a form of plagiarism and any student found using these tools without permission or in a prohibited manner will be disciplined in accordance with the Student Code of Conduct.

### **Supervision and Monitoring**

To ensure this policy is complied with and to ensure Technology works properly, the School will supervise and maintain Technology. Violations of this policy or the law may be uncovered during these processes. Should a user be found in violation, the user will be disciplined according to the Handbook's policy on Student Discipline.

### **Filtering**

The School recognizes that the internet can be both a source of helpful information and inappropriate materials for users. The school, in accordance with federal law, has taken reasonable steps to create an internet environment that is safe and appropriate for students. The School has filtered internet sites that may contain inappropriate information. As technology continues to evolve and the internet grows, however, the School will be unable to properly filter or detect all use and access.

All users and parents should be aware that because a site is not filtered it may still be inappropriate and not conform to this policy.

Disclaimer of Liability & Warranty

The School makes no warranties of any kind, either express or implied, that the Technology will free of errors, will meet any of the user's specific requirements, or will be uninterrupted. The school is not liable for any direct or indirect, incidental, or consequential damages including, but not limited to, damage to the user's technology, lost data, inability to use or access the system, or loss of any information connected with use. Use of any information obtained via the Internet is at the user's own risk.

Signature

By signing below, I affirm that I have read and agree to abide by the Internet and Technology Acceptable Use Policy.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

*Federal:* 47 U.S.C. 254.

*Cross Reference:* Policy No. **4440**, Use of Electronic Communications Devices and Cameras; Policy No. **5453**, School Equipment – Use and Return.

## What is Credit Flex? A Student/Parent Guide to Credit Flexibility

**Credit Flexibility** means you can learn in a way that works best for you. Instead of just sitting in a classroom for a set amount of time, you can show what you know and move on to more challenging stuff when you're ready.

This could mean:

- **Flexible Scheduling:** You can learn at your own pace and on your own time, maybe even doing some work online.
- **Real-World Learning:** You can learn by doing projects, internships, or volunteering.
- **Personalized Learning:** You can choose classes and topics that interest you and help you reach your goals.
- **Early Graduation:** If you work hard and learn quickly, you might even be able to graduate early!

Basically, credit flexibility is about making education more personal and practical, so you can learn in a way that's right for you.

**Credit Flexibility** is great for everyone! It helps:

- **Students:**
  - Learn in a way that works best for them
  - Feel more engaged and motivated
  - Focus on what they've learned, not just how long they've been in class
  - Explore their interests and passions
  - Graduate early if they work hard
- **Parents:**
  - Have more choices for their child's education
  - Be more involved in their child's learning
- **Schools:**
  - Offer more personalized learning experiences
  - Prepare students for the real world

Credit Flexibility means you can earn credit for things like:

- Online courses
- After-school programs
- Travel experiences
- Internships
- Community service
- Work-based learning
- And more!

It's about making sure every student has the opportunity to learn and grow in the way that's right for them.

### Testing Out of Classes

If you're really good at a subject, you might be able to "test out" of a class. This means you can take a test to show that you already know the material. If you pass the test, you won't have to take the whole class.

### Here's what you need to know:

- **Anyone can try it:** Any student can take a test to try to skip a class.
- **It's fair for everyone:** The tests are fair for all students.
- **It's about what you know:** The test will show if you know the stuff you need to know for the class.
- **You can show your skills in different ways:** You might have to do a project, presentation, or take a written test.
- **You can use other tests:** If you've taken a state test, AP test, or IB test, you might be able to use those scores to skip a class.
- **It's not a punishment:** If you don't pass the test, it's not a big deal. You can still take the class and learn the material.
- **You might need to do some extra work:** If you pass the test but still need to learn some things, you might have to do some extra work or take a shorter class.
- **Credit flexibility is a commitment:** Your credit flexibility plan will detail everything you need to do to earn the credit, including requirements for school attendance or other school responsibilities.

So, if you feel confident about a subject, talk to your teacher or counselor about testing out!

### How to Apply

If you think credit flexibility is right for you, talk to your teacher, counselor, or principal about how to apply. You can complete the application at any time.



**RITTMAN  
ACADEMY**

**RITTMAN ACADEMY CREDIT FLEXIBILITY APPLICATION**

**SIGNATURES**

**Administrator**

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**Student**

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**Teacher**

---

**Parent**

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